

Medical Expense Worksheet

Estimate your annual out-of-pocket medical expenses for the coming plan year on the following worksheet. Be sure to include all members of your immediate family. Remember to estimate conservatively and consider *only* those expenses you are sure you will incur. Remember, insurance premiums may not be paid through a reimbursement account.

	<u>Last Year's Expenses</u>	<u>This Year's Projected Expenses</u>
1. Medical Expenses:		
Insurance Deductibles	_____	_____
Insurance Co-Payments	_____	_____
Dental Co-Payments, Orthodontia	_____	_____
Immunizations, Injections, and Vaccinations	_____	_____
Routine Examinations and Physicals	_____	_____
Dental Expenses (including crowns, root canals, extractions, and non-cosmetic repairs)	_____	_____
Prescription Drugs, Certain Over-the-Counter Drugs, or Co-Payment Amount	_____	_____
Eyeglasses and Contacts	_____	_____
Hearing Examinations	_____	_____
Transportation to and from Medical Provider	_____	_____
Medically Necessary Nursing Home Care	_____	_____
Non-Cosmetic Surgery (LASIK, etc.)	_____	_____
Other Expenses	_____	_____
2. Total Expenses for the Year:	_____	_____
3. Divide Estimated Total by Your Number of Regular Pay Periods.	_____	_____
4. Enter this amount on your Election Form. This is the amount that will be taken out of each regular paycheck and put into your Medical Expense Reimbursement Account.	_____	_____